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11/22 '04 10:32 NO.659 01/01

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Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE
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7590

09/28/2004

Attention: Eric D. Levinson

Imation Corp.

Legal Affairs

P.O. Box 64898

St. Paul, MN 55164-0898

01 FC:1501

1370.00 DA

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Eric D. Levinson

(Depositor's name)

Eric D. Levinson

(Signature)

11/22/04

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/075,901 | 02/14/2002 | Frank B. Aspen | 10321US01 | 9302 |

TITLE OF INVENTION: ANTI-REFLECTIVE COATING FOR HOLOGRAPHIC DATA STORAGE MEDIA

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-----------------|--------------|--------------------------|-----------------|------------------|------------|
| nonprovisional | NO | 41330 1370 | \$300 | \$1630 | 12/28/2004 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| CHANG, AUDREY Y | 2872 | 359-498000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Eric D. Levinson

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Imation Corp.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Oakdale, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 2

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0069 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Eric D. Levinson

Date

11/22/04

Typed or printed name

Eric D. Levinson

Registration No.

35,814

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